

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001305

FILED
Aug 27, 2004
Secretary of State**Entity Name:** FLORIDA ASSOCIATION OF COMMUNITY CORRECTIONS, FOUNDATION, INC.**Current Principal Place of Business:**1970 MAIN STREET
FOURTH FLOOR
SARASOTA, FL 34236**New Principal Place of Business:****Current Mailing Address:**1970 MAIN STREET
FOURTH FLOOR
SARASOTA, FL 34236**New Mailing Address:****FEI Number:** 59-3181421**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCCABE, PATRICK
1470 MAIN STREET
FOURTH FLOOR
SARASOTA, FL 34236 US**Name and Address of New Registered Agent:**REARDON, COLLEEN
1470 MAIN STREET
FOURTH FLOOR
SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: COLLEEN REARDON

08/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: MCGRIFF, DAVID
Address: 5040 NW 75 STREET, STE 120
City-St-Zip: MIAMI, FL 33125**Title:** VP () Delete
Name: BLEYMAN, BECKY
Address: 800 VIRGINIA AVE.
City-St-Zip: FT. PIERCE, FL 34950**Title:** TD () Delete
Name: DUNIG, JOHN
Address: 17110 FALCON RIDGE
City-St-Zip: LITHIA, FL 33547**Title:** PD (X) Delete
Name: MCGRIFF, DAVID
Address: 5040 NW 75 ST., STE 120
City-St-Zip: MIAMI, FL 33125**Title:** S () Delete
Name: REAROON, COLLEEN
Address: 1970 MAIN ST 4TH FLOOR
City-St-Zip: SARASOTA, FL 34236**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MCGRIFF, DAVID
Address: 5040 NW 75 STREET, STE 120
City-St-Zip: MIAMI, FL 33125**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: DEATON, TONY
Address: P.O BOX 7800
City-St-Zip: TAVARES, FL 33788**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN REARDON

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08/27/2004

Electronic Signature of Signing Officer or Director

Date